								Application or Docket Number				
	PATENT A).	10/617,624									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY	OR	OTHER SMALL	
TOTAL CLAIMS			sl.				1	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			②/ minus 20=		• /			X\$ 9=	9	OR	X\$18≂	
INDEPENDENT CLAIMS			minus 3 =		• -			X42=-	 '	OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280≈	
* If the difference in column 1 is less than zero, enter *0* in column 2								TOTAL	384	OR	TOTAL	
	C	λ_{l}	2	سئس	,	OTHER	THAN					
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 18	Minus	-02	I			X\$ 9=		OR	X\$18=	
	Independent	.0	Minus	V-1")			X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN'	TCLAIM		J	+140=			+280=	
								TOTAL		OR	TOTAL	
	7-140			(Calu	M	(Oak 2)		ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colu	EST	(Column 3)			ADDI-			AODi
AMENDMENT 8		REMAINING AFTER AMENDMENT		NUM PREVI PAID		DUSLY EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· ×	Minus	**	21	- /		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	PENDEN	CI AIM	- /	1	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
_		(Column 1)										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE:
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***				X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 		<u> </u>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
••	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OF TOTAL ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
		nber Previously Pa					er fo	und in the a	ppropriate bo	ox in co	otumn 1.	